

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT <u>July 31, 2014</u>		2.a. NAME OF CANDIDATE OR COMMITTEE <u>Rita Fehring</u>	
2.b. IF COMMITTEE, NAME OF CANDIDATE <u>FRIENDS OF RITA FEHRING</u>		3. ELECTION DATE <u>AUGUST 7, 2014</u>	
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone <u>424 Stone Ridge Dr. Hixson TN 37343 (423) 870-1848</u>			
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone			
5. OFFICE SOUGHT (include district number, if applicable) <u>DEMOCRATIC STATE EXEC. COMMITTEEWOMAN Dist II</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Rita Fehring</u>	
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input checked="" type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL			
8.a. BEGINNING DATE OF REPORTING PERIOD <u>July 1, 2014</u>		8.b. ENDING DATE OF REPORTING PERIOD <u>July 28, 2014</u>	
9. (Check one) a. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input checked="" type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.			
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. <u>Rita Fehring</u> <u>7/31/14</u> <u>Rita Fehring</u> <u>7/31/14</u> signature of candidate date signature of political treasurer date			
11. WITNESS SIGNATURE <u>Garnett J. Martin</u> <u>7/31/14</u> <u>Garnett J. Martin</u> <u>7/31/14</u> signature of witness date signature of witness date			
12. SUMMARY a. BALANCE ON HAND LAST REPORT \$ <u>1,551.67</u> b. TOTAL RECEIPTS THIS PERIOD \$ <u>625.00</u> c. TOTAL DISBURSEMENTS THIS PERIOD \$ <u>673.86</u> d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$ <u>1,502.81</u> e. TOTAL LOANS OUTSTANDING \$ <u>0</u> f. TOTAL OBLIGATIONS OUTSTANDING \$ <u>0</u>			



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>Rita Fehring</u>	14. REPORT COVERING THE PERIOD FROM: <u>7/1/14</u> TO: <u>7/28/14</u>
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RECEIPTS

15. CONTRIBUTIONS (other than loans and interest)

a. Unitemized Contributions (\$100 or less from each source this period) \$ 175.00

b. Itemized Contributions (over \$100 from each source this period) \$ 450.00

c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ 625.00

16. LOANS RECEIVED THIS REPORTING PERIOD \$ 0

17. INTEREST RECEIVED THIS REPORTING PERIOD \$ 0

18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ 625.00

DISBURSEMENTS

19. EXPENDITURES (other than loan payments)

a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)

<u>Copies</u>	\$ <u>119.21</u>
<u>Bank Fees</u>	\$ <u>22.75</u>
<u>charity event tickets</u>	\$ <u>21.00</u>
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Total of Expenditures (\$100 or less each payee) \$ 162.96

b. Itemized Expenditures (Over \$100 each payee this period) \$ 489.90

c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ 673.86

20. LOAN REPAYMENTS MADE THIS PERIOD \$ 0

21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ 673.86

22. IN-KIND CONTRIBUTIONS

a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ _____

b. Itemized in-kind contributions (over \$100 from each source this period) \$ _____

c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ 0

23. OBLIGATIONS

a. Unitemized Obligations Outstanding (\$100 or less each) \$ _____

b. Itemized Obligations Outstanding (Over \$100 each) \$ _____

c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ 0



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Rita Fehring		2. REPORT COVERING THE PERIOD FROM 7-1-14 TO 7-29-14	
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)			
First Name JAMES	Middle Name E.	Contribution Received For <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution 200.00
Last Name/Organization Name Hall		Date of Contribution 7-21-14	Aggregate This Election 200.00
Address 12 Highdown Court			
City Signal Mtn	State TN	Zip Code 37377	
Occupation Attorney			
Employer SELF/DBA Hall & Associates LLC			
First Name Paulina	Middle Name P.	Contribution Received For <input type="checkbox"/> Primary Election <input checked="" type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution 250.00
Last Name/Organization Name Wampler		Date of Contribution 7-10-14	Aggregate This Election 750.00
Address 1808 Hidden Harbor Rd.			
City Hixson	State TN	Zip Code 37343	
Occupation Retired			
Employer			
First Name	Middle Name	Contribution Received For <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name		Date of Contribution	Aggregate This Election
Address			
City	State	Zip Code	
Occupation			
Employer			
First Name	Middle Name	Contribution Received For <input type="checkbox"/> Primary Election <input type="checkbox"/> General Election <input type="checkbox"/> Runoff (Local Elections Only)	Amount of Contribution
Last Name/Organization Name		Date of Contribution	Aggregate This Election
Address			
City	State	Zip Code	
Occupation			
Employer			
5. TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3 of next page if additional pages of this form are used.) (If this is the last page of contributions, this amount must be shown in item 15b of summary.)			450.00



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE Rita Fehring		2. REPORT COVERING THE PERIOD FROM: 7-1-14 TO: 7-28-14	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)			Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)			
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Signs 24/7		yard signs	328.48
Address 4602 35th St. Suite 200			
City Orlando	State FL Zip Code 32811		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name Office Depot		FLYERS	161.42
Address 5766 Highway 153			
City Hixson	State TN Zip Code 37343		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
First Name	Middle Name	Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name			
Address			
City	State Zip Code		
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)			489.90

